2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

STPLET ADDRESS City ST-ZIP

FILED Feb 11, 2008 08:00 AN Secretary of State

Due By May 1, 2008				Feb 11, 2008 08:00	
DOCUMENT # A0400001874 1. Entity Name				Se	cretary of Sta
	IND CENTER, LTD.			·	
Principal Place of Business 470 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 Mailing Address CORAL GABLES, FL 33134			00		
		······································			
DO NOT WRITE IN THIS SPACE				01142008 No Chg-LP	CR2E003 (12/06)
j				20-1939852	Not Applicable
	6. Name and Address of Current F	Registered Agent		5. Certificate of Status Desired	Fee Required
GARCIA, FIRPO 470 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134				DO NOT WE	
8. The above the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		red office or register	red agent, or both, in the State of Florid	da. I am familiar with, and accept , DATE
	FILE NOW	"!!! FEE IS \$500.00 008, Fee will be \$900.00			UAIR
	A GENERAL PARTNER TI	HAT IS A BUSINESS ENTITY I	MUST BE REGIST	TERED AND ACTIVE WITH THIS nt must be filed to change a gen	OFFICE.
12.	GENERAL PARTNER				
100CUMENT # NAME STREET ADDRESS	P94000085266 GUIDANCE CORPORATION 470 BILTMORE WAY, SUITE 100			00000082 02/20/08~80	4887 095-018 500.00
CHY ST ZIP	CORAL GABLES, FL 33134				
DOCUMENT F NAME STREET ADDRESS					
CON ST AP		·······			
NAME STREET ADDRESS CHY ST-JIP				DO NOT WR	,
DUCUMENT # •				IN THIS SPA	CE
STRELL ADDRESS CHY SL ZIP					
DUCUMENT # NAME		İ			
STREET ADDRESS CITY ST 7TP					
OCCUMENT #					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE SIGNATURE SIGNATURE AND TYPED DO ARRINGED NAME OF BIGNING GENERAL PARTNER CONTINUE SIGNATURE DAY OF BIGNING GENERAL PARTNER CONTINUE SIG